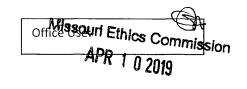


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

	Statement Information Date: 4/8/19		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C19	0777 & section cha	anged 4, 7
	Committee Information Unite STL		
	Name of Committee 120 S. Central Ave., Suite 1500, Clayton MO 63105		(314)863-1500
	Committee Mailing Address, City, State. & Zin	St. Louis County Board of County Clerk or Board of Election Commission	Telephone Number of Election Commissioners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (•	
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer's Mailing Address, City, State, & Zip	() Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	() Dep. Treasurer's Work Telephone Number
	Additional Committee Information		
	Nancy Rice, President Additional Committee Officer's Name & Title (if any)	1034 S. Brentwood Blvd., Ste. 1700, St. Louis, MO 63117 Additional Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committees)	? ☐ Yes (refer to instructions on l	oack) 🗆 No
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
į	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Name & MinMcEindment	Telephone Number (Candidate Committees (()
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
•	Ballot Measure Supported or Opposed (campaign committees r Proposed Initiative Petition 2020-054	11/3/20; State of Missouri	Support
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
.	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
i	Committee Transport Denty Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 12/2016)